

NPDES Permit Tracking No.:
M A R 0 5 D 7 1 0



By _____
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: T O R R O M E O I N D U S T R I E S , I N C

2. NPDES Permit Tracking No.: M A R 0 5 D 7 1 0

3. Facility Physical Address:

a. Street: 3 3 O L D F E R R Y R O A D

b. City: M E T H U E N

c. State: M A d. Zip Code: 0 1 8 4 4 -

4. Lead Inspectors Name: M I C H A E L T. L A R I M O R E

Title: E N V I R O N M E N T A L E N G R.

Additional Inspectors Name(s): B R U C E T O R R O M E O

5. Contact Person: H E N R Y T O R R O M E O

Title: P R E S I D E N T

Phone: 9 7 8 - 6 8 3 - 5 8 0 0 Ext. E-mail: t o r r o m e o @ t o r r o m e o . c o m

6. Inspection Date: 0 9 / 2 6 / 2 0 0 9

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES ☐ NO ☒ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Detention basins did not discharge.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

No evidence of pollutants entering or discharging the drainage system was observed, apart from minor amounts of sediment which was deposited within the sediment forebays and swales leading to the detention basins. This sediment was removed during routine maintenance of the swales. Additional crushed stone berms were added adjacent to the certain areas of the swales to slow, filter, and distribute stormwater runoff inflow and minimize the amount of sediment entering the swales.

The outlets of the detention basins were in good condition including riprap lined outfalls installed to minimize potential for scouring.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☒ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 1: DIESEL FUEL AST AREA**1. Brief Description:**

10,000-gallon double walled diesel AST and dispenser pump in exterior area of facility.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 2: WASTE OIL AST AREA**1. Brief Description:**

2,000-gallon double walled steel waste oil AST in exterior area of facility.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 3: CONCRETE PLANT EQUIPMENT**Brief Description:**

Ready Mix Concrete Plant with compressed air and or electrically powered equipment. Air pollution control equipment including bin vents, and loading chute dust collection and bag house filter present.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NOTE: Copy this page and attach additional pages as necessary**INDUSTRIAL ACTIVITY AREA 4: OUTDOOR STORAGE OF EQUIPMENT CONTAINING HAZARDOUS MATERIALS****1. Brief Description:**

Earth moving equipment and concrete mixing trucks stored in exterior area of site. Equipment contain hydraulic fluid, fuel, and automotive fluids.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 5: SAND AND GRAVEL STORAGE AREAS**1. Brief Description:**

Stockpiles of sand and gravel used in concrete manufacturing or sold as clean fill at facility. Stockpiles contained away from drainage areas and/or contained by concrete block walls and/or earthen berms.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 6: CONCRETE WASHWATER RECYCLING SYSTEM**1. Brief Description:**

Concrete mixing truck exterior washing and interior drum washout occurs in footprint of a concrete washwater recycling systems which recycles washwater for reuse or directs washwater for reclamation on the concrete manufacture process. System also the location of excess concrete staging and curing area.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #

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 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

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6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:

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10. Date correction action completed:

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 or expected to be completed:

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11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

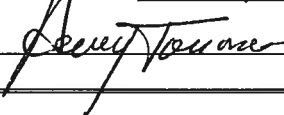
Authorized Representative
Printed Name:

HENRY TORPOMED

Title:

PRESIDENT

Signature:

 President

Date Signed:

10-14-09



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved.
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- ☐ Submitting monitoring data (Fill in all Sections).
☒ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: MAR05D710

Note: Read Instructions before completing this Form.

B. Facility Information

1. Facility Name: TORROMEO INDUSTRIES, INC

2. Facility Location:

a. Street: 33 OLD FERRY ROAD

b. City: METHUEN

c. State: MA d. Zip Code: 01844

3. Additional Facility Information (Optional):

Contact Name: HENRY TORROMEO Email: rtorromeo@torromeo.com

Phone: 978-683-5800 Ext.

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: Michael T. Larimore

Organization: Mabbett & Associates, Inc.

Email: larimore@mabbett.com

Phone: 781-275-6050 Ext. 322

C. Discharge Information

1. Identify monitoring period: ☐ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1 (April 1 – June 30) ☐ Quarter 1: From / To

☒ Quarter 2 (July 1 – September 30) ☐ Quarter 2: From / To

☐ Quarter 3 (October 1 – December 31) ☐ Quarter 3: From / To

☐ Quarter 4 (January 1 – March 31) ☐ Quarter 4: From / To

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☐ Yes (Complete line item 2.a.) ☐ No (Skip to Section D)

2a. What is the hardness level of the receiving water? mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? 03 List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☐ YES ☒ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

| 3.A. Monitored Outfall Name* | 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)] | 3.C. No Discharge? |
|------------------------------|---|-------------------------------------|
| Outfall #1 | | <input checked="" type="checkbox"/> |
| Outfall #2 | | <input checked="" type="checkbox"/> |
| Outfall #3 | | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

*Reference attachment if additional space needed to complete the table.



Form Approved. OMB No. 2040-0004

MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

E. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Permit Tracking Number: _____

1. Permit Tracking Number:

2. Nature of Discharge: ☐ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours):

2.b. Rainfall amount (inches):

2.c. Time since previous measurable storm event (days):

[illegible]

(QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

F. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Henry Torromeo, President

Typed or Printed Name/Title of Principal Executive
Officer or Authorized Agent

Signature of Principal Executive Officer or Authorized Agent

Date _____

Email of Principal Executive Officer or Authorized Agent:

torromeo@torromeo.com



Mabbett & Associates, Inc.
Environmental Consultants & Engineers

A SERVICE DISABLED VETERAN OWNED SMALL BUSINESS

5 Alfred Circle
Bedford, Massachusetts
01730-2318
Tel: (781) 275-6050
Fax: (781) 275-5651
info@mabbett.com
www.mabbett.com

October 14, 2009

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, Attn: MSGP Reports
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Re: Submission of Annual Report Form and MSGP Industrial Discharge Monitoring Report Form
Torromeo Industries, Inc.
Methuen, MA
2006025.002

To Whom It May Concern:

On behalf of our client, Torromeo Industries, Inc, Mabbett & Associates, Inc. (M&A) respectfully submits the enclosed Annual Reporting Form for the NPDES Multi-Sector General Permit (MSGP) Tracking No. MAR05D710.

Additionally, an MSGP Industrial Discharge Monitoring Report for the quarter which ended September 30, 2009 is attached.

If you have any questions, comments, or require any additional information regarding the attached NOI, please do not hesitate to contact the undersigned at 781-275-6050 ex. 322.

Very truly yours,

MABBETT & ASSOCIATES, INC.

BY:

Michael T. Larimore, PE
Environmental Engineer

/tw

Enclosure: Annual Reporting Form – Torromeo Industries – Methuen, MA
MDMR Form

cc: Mr. Henry Torromeo (Torromeo Industries)
PDS (MF)

CERTIFIED RRR MAIL NO. 7008 2810 0002 3224 2036